



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Wooten	Jennifer	M.L. Chock	847-8269
MAILING ADDRESS (Street)			FAX
1525 Bernice St.			841-8968
(City)	(State)	(Zip Code)	
Honolulu, HI	96817		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Maritime Center		523-6151 847-8269
MAILING ADDRESS (Street)		FAX
Pier 7 Honolulu Harbor		841-8968 536-1519
(City)	(State)	(Zip Code)
Honolulu, Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Michael Chinaka		848-4161
MAILING ADDRESS (Street)		FAX
1525 Bernice St.		841-8968
(City)	(State)	(Zip Code)
Honolulu, HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

(x) Education

Human Services

(x) Science, Technology & Economic Development

Communications & Public Utilities

Government Operations & Finance

Intergovernmental Relations, International Affairs

Tourism & Recreation

Consumer Protection & Commerce

Hawaiian Affairs

Labor & Employment

Transportation

(x) Culture, Arts, Historic Preservation

Health

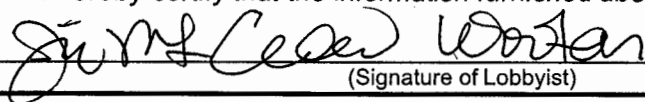
Planning, Land & Water Use Management

Other: (indicate below)

(x) Ecology, Energy Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*
(Signature of Lobbyist)9/22/05
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MICHAEL CHINAKA

VICE PRESIDENT, TREASURER, & CHIEF FINANCIAL OFFICER

NAME OF ORGANIZATION (if applicable)

TELEPHONE

~~STATE OF HAWAII~~ Hawaii Maritime Center

808-848-4161

MAILING ADDRESS (Street)

FAX

1525 BERNICE STREET

808-841-8968

(City)

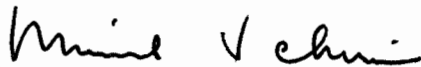
(State)

(Zip Code)

HONOLULU

HI

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

9/22/05

(Signature of Authorizing Officer or Person Represented)

(Date)